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TRANS NATION SACCO LTD P.O. BOX 15 – 60400, TEL. 630354, FAX 630538 - CHUKA

LOAN APPLICATION AND APPROVAL FORM FOR MICRO-CREDIT.

INSTRUCTIONS:

The conditions spelt hereunder are legally binding. You are therefore required to read the Terms and conditions stipulated herein carefully and then fill in the details accurately and truthfully.

- Fill in capital letters only
- Avoid cancelling, erasing and retracing
- Attach Certified ID copies of Applicant, Spouse, Witness and the main guarantor.

PART A:

PERSONAL ACCOUNT NO	GROUP CODE:	
P.O BOX	MOBILE NO :(APPLICANT)	
SUBLOCATION	VILLAGE:	
NEXT OF KIN NAMES		
RELATIONSHIP		
NATIONAL ID NO	NEXT OF KIN SIGNATURE	
P.O BOX		
MOBILE NO: (NEXT OF KIN)		
NAMES OF CHIEF/ASS.CHIEF		
LOCATION/SUB.LOC	STAMP/SIGN	STAMPDATE
TYPE OF BUSINESS		
LOCATION OF THE BUSINESS		
1, do hereby declare that the information	n I have given above is true and accurate and has	been given under no
form of duress, verbal or otherwise.		
Signature of applicant	Date	
PART B: LOAN APPLICATION AND REPAYME	NT	
I(full name)	hereby apply for a loan of ksh(fig	gures)
(Amount in words)		only
For a period of	months, to be in instalments of Ksh	each month
Commencing on		
PURPOSE(S) FOR THE LOAN		
(1)	(2)	
(3)	(4)	

	RANTORS:							
GROUP ACCOUNT NO.								
LOAN	LOAN APPROVED BY THE GROUP (In words)							
securi and c agree	ty for the loan i conditions stipud d upon.	ssued to the above named	person, or such pa NS NATION SAC	ort of it as may be grante CO LTD, which we ha	ave read, understood and			
	NAMES OF G	GUARANTOR(MEMBER)	ID NUMBER	SIGNATURE	ACCOUNT NO.			
1. 2.								
3.								
4.								
5. 6.								
7.								
8. 9.								
10.								
11.								
12. 13.								
14.								
15. 16.								
17.								
18. 19.								
20.								
21.								
22. 23.								
24.								
25.								
		bers above in the presen		_				
<u>P</u>	OSITION:	NAME:	ID NO:	SIGN:	DATE:			
1. CF	IAIRPERSON							
	CRETARY .							
3. TR	EASURER .							
APPR	OVAL: We the	officials of		Self Help/V	Vomen Group approve a			
loan d	of KSH	to the loanee by sig	ning below.					
<u>PC</u>	SITION:	NAME:	ID NO:	SIGN:	DATE:			
1. CF	IAIRPERSON							
2. SE	CRETARY							

-3-REPUBLIC OF KENYA

BELOW IS A LIST OF ITEMS TO BE ATTACHED IN CASE OF ARREARS OR DEFAULT:-

NO.	ITEM DESCRIPTION AND	MAKE	MODEL	COLOUR	SERIAL NO. & RECEIPT	YEAR OF PURCHASE	CURRENT VALUE IN
	LOCATION						KSHS.
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

<u>CERTIFICATE.</u>		
I	ID NUMBER	Of Box
	.in the Republic of Kenya certify tha	at I possess the above listed items in the event
of my defaulting in the p	payment of loan advanced to me by	TRANS NATION SACCO LTD of Kshs.
	. In any part thereof give authority t	o either
Women / Self Help Gre	oup or TRANS NATION SACCO	LTD to dispose off the said property and re-
service such loan and pa	art thereof or any balance owing from	m without prior notice to me.
Signed		
	LOANEE (LOAN A	PPLICANT)
Name of Spouse		Signature
ID No. of Spouse	Mobile nu	ımberDate
Q	embers, on behalf ofexamined the above properties and	Self Help/Women I their values.
(1) Chairperson (name	es)	(Signature)
(2) Secretary (names)	••••••	(Signature)
(3) Any other member	(names)	(Signature)

REPUBLIC OF KENYA

IN THE MATTER OF OATHS AND STATUTORY

DECLARATION ACT CAP 15 LAWS OF KENYA

IN THE MATTER OFSELF HELP GROUP AND IN THE MATTER OF TRANS NATION SACCO LTD

	AFFIDAVIT
In	
	am the deponent herein.
 3. 	That I am an active member of
	Mr /Mrs/Ms
4.	That I undertake to do all that which is under my power and ability to service such loan as may be advanced to me.
5.	That I forego and surrender for sale (14 days after the loan is due) by way of Public Auction all my
	properties listed on the schedule of properties duly executed by me depicting my name, my signature
	and my Identity Card and showing the amount of loan advanced to me which schedule of properties
	shall be in the custody of Trans Nation Sacco Ltd and copied to
	Self-help Group. I also give authority to Trans Nation Sacco
	to share my credit information with Credit Reference Bureau(CRB) 14 days after my loan is in
	arreas or overdue. I shall also pay for all legal expenses and other incidental costs that may arise in
	case of any legal case filed against me by Trans Nation Sacco orself help
	group arising from this loan disbursed to me.
6.	That all which is deepened herein is true to the best of my knowledge, belief and information.
	Sworn by the said (Names)
	Day of
	BEFORE ME:
	MAGISTRATE/ DEPONENT HEREIN

COMMISSIONER OF OATHS

(Applicants signature)

-5-TRANS NATION SACCO LIMITED:

GUARANTORS FORM.

REPAYMENT GUARANTEE

We, the undersigned, hereby accept jointly and severally liabilities for the repayment of the loan in the event of borrower's default. We understand that the amount in default may be recovered by attachment of our salary, an offset against our deposit in the society or by attachment of our property and that we shall not be eligible for loans unless the amount in default has been cleared in FULL.

	A/C NO:	NAME:		ADDRESS:	SIGN.:
1.			ID. NO.		
			MOBILE:		
2.			ID. NO.		
			MOBILE.		
3.			ID. NO.		
			MOBILE:		
4.			ID. NO.		
			MOBILE:		
5.			ID. NO.		
			MOBILE:		

Group have seen and examined the above properties and their values.				
(1)Chairperson (names)	(Signature)			
(2)Secretary (names)	(Signature)			
(3)Any other member (names)	(Signature)			
In the presence of:- (Witness)				
Name of witnessID No	OSIGN			
Occupationresidence				

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and agreed to abide by the the Society, the loan policy and any variations by the credit committee in respect of part B above. I declare that I shall pay the total amount disbursed to me at an interest rate of 16%. I am aware that I shall pay a monthly penalty of 10% for any delayed installment and 2% per month in case this loan is overdue until it's paid in full. I know that incase of clearing my loan, I shall pay the total amount and interest due for the loan disbursed to me. In the event I default in repaying the loan as per the terms and conditions outlined in this agreement, the Sacco reserves the right to initiate legal proceedings to recover the outstanding amount. As a remedy, the Sacco may exercise its right to auction any and all registered properties owned by the borrower, whether immovable or movable, to settle the outstanding debt. The auction process shall be conducted in accordance with the applicable laws and regulations governing such proceedings. The net proceeds from the auction, after deducting any applicable costs and fees, shall be applied towards the repayment of the outstanding loan amount. Any remaining funds shall be remitted to the borrower, or their legal representatives, as applicable. I acknowledge and agree to this provision as a reasonable measure for securing the loan and ensuring timely repayment. I hereby acknowledge and agree that, in the course of the loan recovery process, the Sacco may engage the services of auctioneers and debt collectors to facilitate the recovery of my outstanding loan. I consent to the collection, processing, and sharing of my personal data, as defined by the Data Protection Act of 2019, for the purpose of loan recovery.

APPLICANT SIGNATURE	 DATE	
WITNESS NAME (S)	 ID NO	
WITNESS SIGNATURE		



(Formerly Tharaka Nithi Teachers SACCO Ltd)

CLIENT ASSESSMENT FORM:

A	Client particulars (to be filled at Registrat	tion point)	
	Unit of office:	Credit officer:	
	Group Name:	Group Code:	
	Membership No.:	Intake date:	
	Clients names:	ID No.:	
	Year of birth:	Marital status:	Ed. Level:
	Postal /Contact Address:		
	Residence. Give details:		
	Next of Kin:		
	Relationship:	ID No.:	
			194 (0.00)
В	Business assessment section (to be filled at	t the business site by the Cro	
	Nature of Business:		Year started:
	Business location (give details)	Cal- and	
	Business Ownership: (Self or Partnership) Too. of enterprises:	ick one	
	1	(a)	
	(a) (b)	(c)	
	()	(d)	
	For which business do you seek this loan: Is your business premises rented or owned?	If rented, How much do you	v nov monthly?
	No. of employees? Full time:	Part time:	Non paid family:
	a) Initial capital / stock:	rait time.	Non paid failing.
	b) Current stock value:		
	c) Current Business Assets:		
	d) Average daily sales:		
	e) Total monthly sales:		
	f) Average monthly profit:		
	1) Average monuny profit.		
C	Other sources of income (specify) (a)		
	(b)		
	Amount of loan applied for Kshs.:		
	Reason(s) for the loan application:		
	Amount of loan approved/advanced Kshs.	:	
	Recommendation by the Credit Officer:		
	APPROVAL BY CREDIT OFFICER:		
	I certify that the application is within the pol	icy of the Sacco:	
			_
	NameSigna	iture:Assess	sment Date;